

BENEFITS QUESTIONS AND ANSWERS

08/29/2011

1. Q: In our meeting it was mentioned the maximum for the HSA (Health Savings Account) was going to be \$2400.00 in 2012. Is the maximum \$2400 for child care *and* medical?

A: The City does not offer a HSA at this time but may do so in the next few years. Rather, we offer a Flexible Spending Account (FSA). The maximum contribution on the City's Healthcare FSA will remain at \$3600 per year. The dependent care FSA max will still be \$5000 per year. These accounts are separate from each other and you can't mix the funds.

2. Q: We have questions about the deductible and the OOP (out-of-pocket) maximum. The deductible is for each person but the OOP, is it for the family or per person too?

A: The OOP listed was for the individual. The family OOP is now included on the options illustrated.

3. Q: Does preventative care cover kids' visits?

A: Preventive care covers physical exams for both children and adults.

4. Q: What doctors are considered preventative? i.e. Chiropractic?

A: Chiropractors are specialists and not considered preventive. Preventive visits are annual physicals that are appropriate for your gender and age.

5. Q: How does this affect pre-existing conditions?

A: Pre-existing conditions are not affected by our medical plans. Pre-existing conditions are treated by the medical plans the same as any other illness.

6. Q: How many family members are covered at the \$20 discount? Is it \$20 per person if all family members complete the assessment?

A: The \$20 incentive is applied to the monthly rate of the medical coverage you elect (employee only, employee + spouse, employee + children, employee + family) regardless of the medical plan you elect. You must have a physical exam (either with your doctor or with Catapult) ***and*** complete the health assessment at www.myuhc.com before 10/1 to receive the incentive.

7. Q: Do the drug enhancements cover kids?

A: The prescription drug plans cover the specific drugs listed for whomever they are prescribed (employee, spouse, children). The medications that will be available to employees without a copay will be available to both adults and children, if prescribed.

8. Q: Does this cover generic drugs?

A: Yes, there are both generic and brand name drugs on this list.

9. Q: Will there be another chance to participate in the health assessment that will give a person a discount on insurance premiums for 2012.

A: No. The last assessments to qualify for the wellness incentive in 2012 were conducted September 1, 2011.

10. Q: Just so I have it straight – do copays count toward the OOP?

A: No. Copays and deductibles are not applied to this expense.

11. Q: Do physicals done before January 1, 2011 but within 12 months of the September 30th deadline count?

A: Yes. Physicals need to be done within the last 12 months (of October 1, 2011).

12. Q: Please ask HR to clarify whether the yearly wellness check/physical, this year prior to Sept. 30th, MAY OR SHALL provide a \$20.00 savings from the monthly contribution. Is it for certain we will save \$20 if the health assessment /wellness /physical is completed?

A: Yes, it's definite that you will receive the wellness incentive if you have a physical **AND** complete the online health assessment at www.myuhc.com before 10/1/2011.

13. Q: When will the City provide dates from a vendor to be at the City for a health assessment? (Several people want to ensure they obtain a health assessment.)

A: Final assessments were completed Thursday, Sept. 1st, at Public Works.

14. Q: Will the value of the benefit plan be added on to our yearly salary next year?

A: Only if required by the IRS or by law.

15. Q: In 2011 we will all be taxed on the value of whatever medical benefit plan we elect. I would like to know the value of each of the medical plans we will be offered before I make a decision. In 2011 W-2's will include not only our salaries but our medical benefit plan values as well.

A: This law was not passed so we will not include this on the W-2s. If it is passed in the future, we will communicate this to all employees in advance.

16. Q: Will the price of prescription drugs (including generics) go up on any of these plans?

A: We will not change the prescription copays on any of the medical plans. Several patents will be expiring in the coming months which should lower the cost of those medications. You should be aware that medications may cost more than in previous years because our benefits are now with UHC and Medco.

17. Q: How much will it cost for visits to psychologists, psychiatrists?

A: These are considered specialists so you would pay the appropriate copay for those visits based on the plan you elect.

18. Q: Would the *Routine Preventive Office Visit* include the Well-baby checkups (the appointments newborns go to every 3-6 months) and vaccinations at no charge?

A: Yes.

19. Q: Would ultrasounds and prenatal vitamins be considered preventative?

A: Ultrasounds are not preventive but are included under maternity care costs.

20. Q: Would lab fees be free?

A: The lab fees currently covered as preventive and non-preventive with LabCorp.

21. Q: Would there be a copay for each pre-natal check up with your OB/GYN?

A: No. Currently, and in 2012, you will pay one copay to the specialist to cover all office visits for that pregnancy.

22. Q: Would OOP maximum be based on the individual or family rate (particularly if the child had an extended/NICU care)?

A: Only if the child had an extended/NICU stay would you incur a separate deductible and separate OOP expenses for the child. Otherwise, there is only the individual deductible and OOP, if applicable. Note: Typically, you don't hit the OOP max for newborns.

23. Q: What are urgent care/ER co-pays expected to be?

A: Urgent care will be the same copay as the Specialist office visit. ER will have a copay of \$150.

24. Q: Will a PCP referral be necessary to see a specialist with any of the plans?

A: No. The PPO plans we currently have and will offer in 2012 do not require referrals to specialists. It is recommended you call UHC to confirm a provider is in the network prior to receiving services as this is your responsibility.

25. Q: Will the same preventative medications that were on 2011 list distributed earlier this summer as a reference still be eligible for coverage in 2012. If it's possible to inquire about adding drugs to list, can you inquire about migraine medication, specifically - Maxalt?

A: The medication list we distributed at our last meeting that included medications at no cost to you is what will be available for 2012. The intent of the drugs on this list is to address the higher cost of hospital stays and long-term disease management that affect the majority of the population.

In evaluating antidepressants and other drugs, the thought was that there are low cost, high value generic agents that are quite effective for managing the symptoms of Major Depressive Disorder as well as the various anxiety disorders for which each of these agents are indicated. Though quality of life is an issue for those who deal with hypothyroidism, the risk of hospitalization due to the condition is quite low. As well, there are also low cost agents available to treat the condition effectively.

26. Q: Any chance of Hemophilia drugs – specifically Factor – would be considered to be covered as a preventative medication? (Staff member has child with this disorder and admittedly this is an expensive, but necessary drug.)

A: We can check with UHC but the City hasn't requested this specifically. Refer to response for Questions 25 above.

27. Q: Any chance of requesting Differin Gel listed as a preferred drug for acne (and covered for employees 30 and older!)?

A: We can check with UHC but the City hasn't requested this specifically. Refer to response for Questions 25 above.

28. Q: Any chance of having a secondary insurance for dental – something like Aflac (but for dental) – that could subsidize the dental insurance offered by the city at the employee's expense?

A: We are not aware that such policies exist but can follow up with the City's benefits consultants.

29. Q: How are expenses when traveling overseas handled?

A: The medical plan will cover emergency services when a member is out of the country. What will happen is:

1.) Member receives care and either pays at the time of service OR submits the actual bill from the provider.

2.) Member should retain a copy of the receipt (if they paid up front) and should submit that along with the attached claim form to the address on the claim form.

NOTE - It is extremely helpful and strongly suggested that they also submit original documents including the original claim, itemized bill, and medical records. This is especially helpful for inpatient hospital bills.

3.) UHC will convert the currency to US dollars and pay according to the plan benefits. IF the member paid out of pocket they should notate that on the claim so that we will know to pay them directly. If not, we will make payment directly to the provider.

30. Q: What are the recommended health screenings for men and women?

A: Click on these links to find a list of recommended screenings based on gender and age:

Men: <http://www.womenshealth.gov/publications/our-publications/screening-tests-for-men.pdf>

Women: <http://www.womenshealth.gov/publications/our-publications/screening-tests-for-women.pdf>